

FILED AUG 11 1943 149

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6/25-7/23/43
 (Specify whether years, months or days)
 In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1623 Euclid--Appt. 23
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME CECELIA HUNDLEY YOUNG

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced, separated 1

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 1 1885
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>22</u>hr.min.

9. Birthplace Tonganoxie Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Doc Morris
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Woods
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital #2

17. (a) Burial (b) Date thereof 7-30-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Walter W. Hall

(b) Address 1520 N. 5th St.

19. (a) 7-30-43 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
 year 1943 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from June 25, 1943, to July 23, 1943
 that I last saw her alive on July 23, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Hydronephrosis

Due to Carcinoma of cervix with Metastasis to Bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 480 PHYSICIAN

Of autopsy Same as above Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. E. Brown (M. D. or other)

Address Gen Hosp #2 - Kansas City Mo Date signed 7-24-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

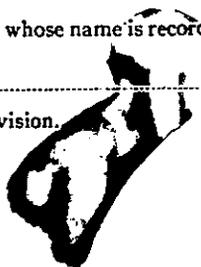
1951
Mar 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.



Signed Nathan W. Hatcher

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.